Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-11-2007</u>	Address:	11995 SHEPARD RD
Case #:	45F46661		HARDINSBURG, IN
County:	<u>WASHINGTON</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
=	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s);			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e <u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Pire Depart	ment: POSEY TOWNSHIP	Fax: 472.3	• •
Health Department: WASJINGTON CO		Fax: <u>883.5</u> Fax:	
Child Prote	ction Service: <u>N/A</u>	_	
For further information regarding this methamphetamine laboratory, contact. Investigating Officer: GREENWELL Phone 812,246,5424			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

 *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.